

**<TITLE OF THE PROJECT>**

Submitted to the

Department of Master of Computer Applications

in partial fulfilment of the requirements

for the Mini Project (MCAP1)

**by**

**Student’s Full Name**

**USN**

**Under the guidance of**

**Guide’s name**

**(designation)**

**Department of Master of Computer Applications**

**RAMAIAH INSTITUTE OF TECHNOLOGY**

(Autonomous Institute, Affiliated to VTU)

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**2024**



**DEPARTMENT OF MASTER OF COMPUTER APPLICATIONS**

**CERTIFICATE**

This is to certify that the project entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is carried out by

Student Name USN

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

students of 3rd semester, in partial fulfillment for the Mini Project (MCAP1), during the academic year 2023-2024.

**Guide Head of the Department**

**(Guide Name )**

**Name of Examiners Signature with Date**